

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-875)**

SERIAL NO.

101576947

FILING DATE

4/24/06

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
1						
2						
3						
4	3					
5	3					
6	3					
7	3					
8	3					
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50						
TOTAL IND.		↓	1	↓		↓
TOTAL DEP.	↔		7	↔		↔
TOTAL CLAIMS			8			

	AS FILED		AFTER 1 ST AMENDMENT		AFTER 2 ND AMENDMENT	
	IND.	DEP.	IND.	DEP.	IND.	DEP.
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99						
100						
TOTAL IND.		↓		↓		↓
TOTAL DEP.	↔		↔	↔		↔
TOTAL CLAIMS			8			